

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000006355

1. Entity Name

FLORIDA MARINE YOUTH INSTITUTE INC.

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90022 015 ****70.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business PO BOX 17655 TAMPA FL 33682	Mailing Address PO BOX 17655 TAMPA FL 33682
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3556583	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**YOUNG, VICTOR
16004 GRANTHAM PLACE
TAMPA FL 33647**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *Victor Young* **Victor Young** **1/10/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YOUNG, VICTOR 16004 GRANTHAM PLACE TAMPA FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAMS, CHARLES 6903 N CAMERON ST TAMPA FL 33614	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SKERKOWSKI, BERNARD R 16020 EAGLE RIVER WAY TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD YOUNG, TIA 16004 GRANTHAM PLACE TAMPA FL 33647	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PAULINE SMITH 2104 Cood SPRINGS RD AD TAMPA FL 33604	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET CITY-S	FLORIDA Youth, Inc.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET CITY-S	NAME WAS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET CITY-S	AMENDED ON	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET CITY-S	11-31-01	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET CITY-S	PLEASE SEND	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET CITY-S	CORRECT CERTIFICATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET CITY-S	Thank You,	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature is that of the corporation or the receiver or trustee empowered to execute this report as required by law, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Victor Young* **Victor Young** **1/10/02** **(813) 975-1109**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)